| ΡΔΤΕΝΤ ΔΡ | PLICATION F | EE DETERMINA | TION RECORD |
|-----------|-------------|--------------|-------------|
|-----------|-------------|--------------|-------------|

**Application or Docket Number** 

| Effective October 1, 2000  |                      |   |                        |                               | 19828400                        |                  |        |                     |                        |        |                     |                        |
|--|----------------------|---|------------------------|-------------------------------|---------------------------------|------------------|--------|---------------------|------------------------|--------|---------------------|------------------------|
|  |                      | CLAIMS AS                                 | FILED - P<br>(Column 1 |                               | (Colui                          | mn 2)            |        | MALL EN             |                        | OR     | OTHER<br>SMALL E    |                        |
| TOTAL CLAIMS   |                      |   | 20                     |                               |                                 |                  | ſ      | RATE                | FEE                    |        | RATE                | FEE                    |
| FOR  |                      |   | NUMBER FI              | FILED NUMBE                   |                                 | ER EXTRA         |        | BASIC FEE           | 355.00                 | OR     | BASIC FEE           | 710.00                 |
| то   | TAL CHARGEAE         | BLE CLAIMS                                | 20 minu                | s 20=                         |                                 |                  | X\$ 9= |                     | OR                     | X\$18= |                     |                        |
| INDEPENDENT CLAIMS 3 = * b   |                      |   |                        |                               |                                 |                  | X40=   |                     | OR                     | X80=   |                     |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                      |   |                        |                               |                                 | +135=            |        | OR                  | +270=                  |        |                     |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |                      |   |                        |                               |                                 | olumn 2          | l      | TOTAL               |                        | OR     | TOTAL               | 710                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |                      |   |                        |                               |                                 |                  |        | SMALL               | ENTITY                 | OR     | OTHER<br>SMALL      | THAN                   |
| AMENDMENT A  | 4                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | * *                    | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                    | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |
| N<br>N   | Total                | · (2)()                                   | Minus                  | **                            | 20                              | =                |        | X\$ 9=              |                        | OR     | X\$18=              |                        |
| AME  | Independent          | • 3                                       | Minus                  | ***                           | <u>5</u>                        | <del>-</del>     |        | X40=                |                        | OR     | X80=                | ,                      |
| L  | FIRST PRESE          | NTATION OF M                              | ULTIPLE DEPI           | ENDEN                         | I CLAIM                         |                  | ا ل    | +135=               |                        | OR     | +270=               |                        |
|  |                      |   |                        |                               |                                 |                  |        | TOTAL<br>ADDIT, FEE |                        | OR     | TOTAL<br>ADDIT. FEE |                        |
|  |                      | (Column 1)                                |                        |                               | mn 2)                           | (Column 3)       |        | ADDIT: TEE          |                        | -      |                     |                        |
| AMENDMENT B  |                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                        | NUN<br>PREVI                  | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |
| NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>N  | Total                | *   | Minus                  | **                            |                                 | =                | ]      | X\$ 9=              |                        | OR     | X\$18=              |                        |
| AME  | Independent          | *   | Minus                  | ***                           | T OL ALL                        | <u> </u> =       | 4      | X40=                |                        | OR     | X80=                |                        |
| Ľ  | FIRST PRESE          | NTATION OF M                              | OLTIPLE DEP            | ENDEN                         | I CLAIN                         |                  |        | +135=               |                        | OR     | +270=               |                        |
|  |                      |   |                        |                               |                                 |                  |        | TOTAL<br>ADDIT. FEE |                        | OR     | TOTAL<br>ADDIT. FEE |                        |
|  |                      | (Column 1)                                |                        |                               | ımn 2)                          | (Column 3        |        |                     |                        |        |                     |                        |
| AMENDMENT C  |                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                        | NUM<br>PREV                   | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total                | *   | Minus                  | **                            |                                 | =                |        | X\$ 9=              |                        | OR     | X\$18=              | Ì                      |
| ME   | Independent          | *   | Minus                  | ***                           |                                 | <u> </u> =       | 4      | X40=                |                        | OR     | X80=                |                        |
| Ľ  | FIRST PRESE          | NTATION OF N                              | MULTIPLE DEF           | PENDEN                        | IT CLAIN                        | И 🗌              |        | 405                 |                        | 1      | .070                |                        |
| ١.   | If the entry in colu | ımn 1 is less than                        | the entry in colu      | mn 2, wri                     | te "0" in c                     | olumn 3.         |        | +135=<br>TOTAL      |                        | OR     | +270=<br>TOTAL      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                      |   |                        |                               |                                 |                  |        |                     |                        |        |                     |                        |